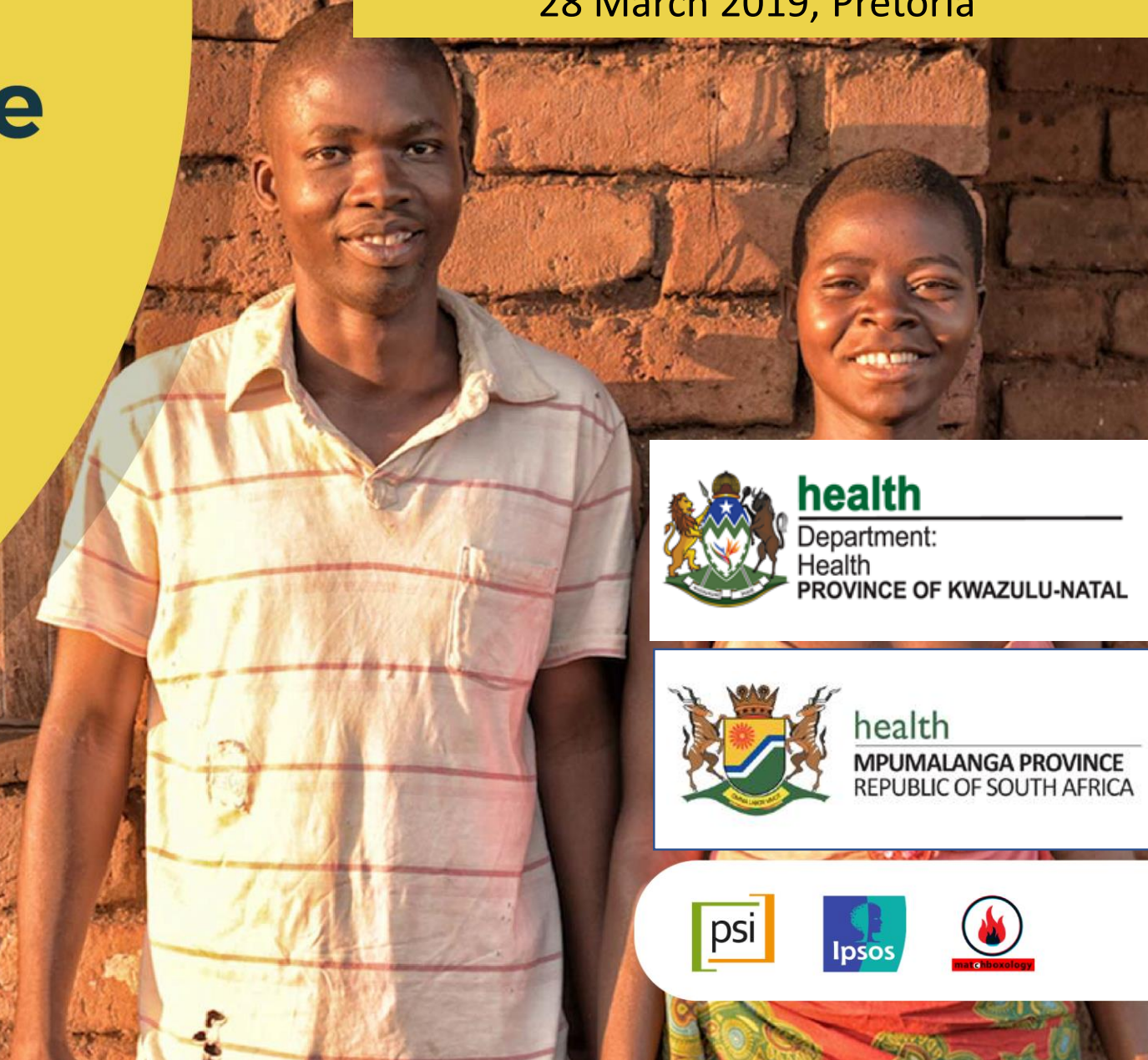


# Breaking the Cycle of Transmission:

Increasing uptake of HIV testing, prevention and linkage to treatment among young men in South Africa.



**health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL



**health**  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA





**Goal:** Support South African stakeholders in reaching young men with HIV testing and linkage.



**1**

How can we **better understand young men's decisions and behaviours** around HIV testing, prevention and treatment?

**2**

How can we **identify different segments** of young men to enable better tailoring/targeting?

**3**

How can we **reach each segment more effectively** with HIV prevention, testing and treatment?

Qualitative interviews surfaced attitudes, behaviours and barriers to services.  
A quantitative survey then measured how these are distributed across the population.

#### **Geographic focus**

- 5 districts of KwaZulu-Natal (eThekweni, King Cetshwayo, Ugu, uMgungundlovu, Zululand)
- 3 districts of Mpumalanga (Ehlanzeni, Gert Sibande, Nkangala)

#### **Qualitative phase (n=58 men, 64 healthcare providers)**

- Men 25-34, matric or less, uncircumcised, matric or lower
- Targeted sample to achieve mix of HIV-positive (linked and not linked) and HIV-negative, in 'high-risk, hard-to-reach' areas
- Two-hour in-depth interviews, carried out by trained interviewers from similar demographics in the respondent's home language

#### **Quantitative phase (n=2000 men)**

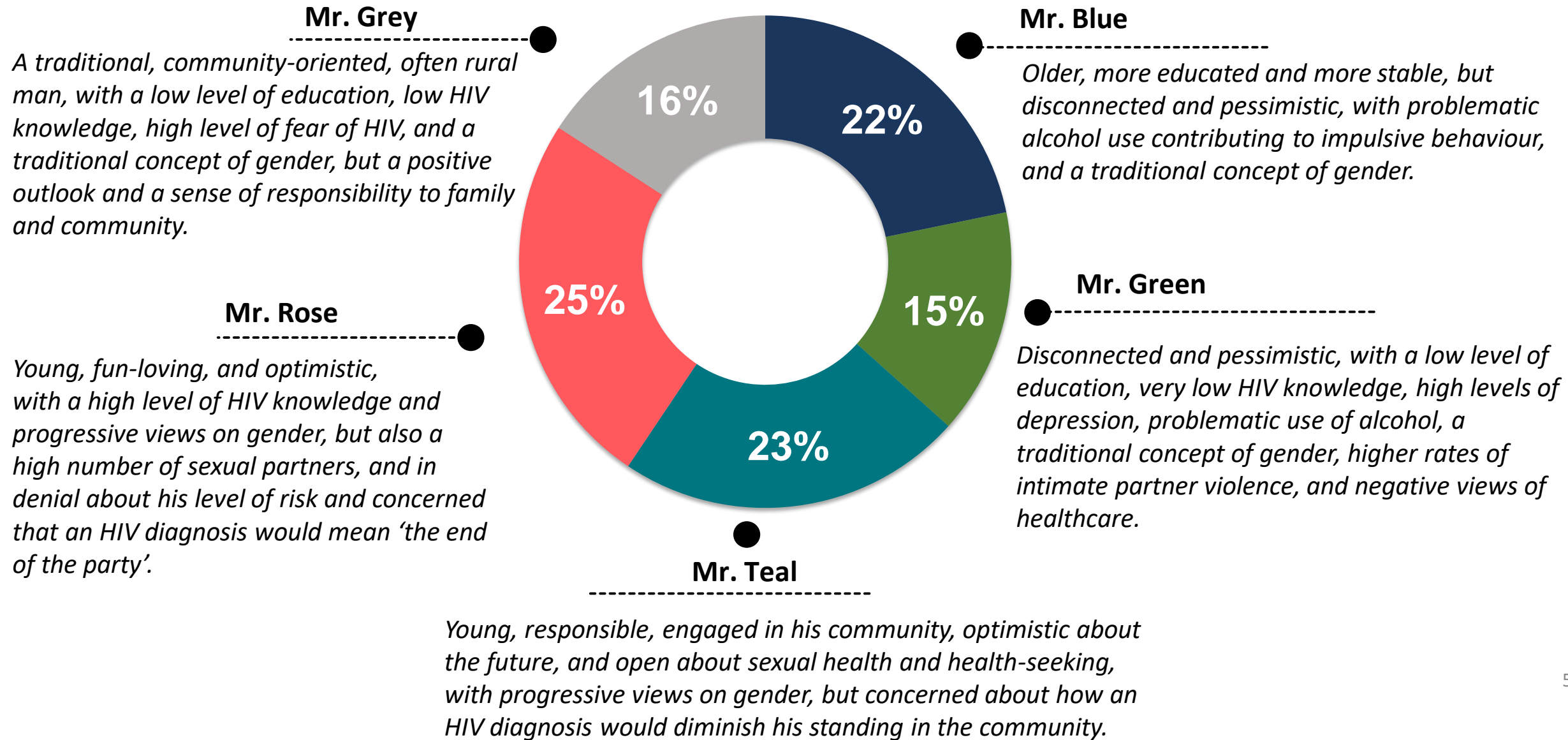
- Men 20-34, matric or less, lower socio-economic status (NLI 1-4)
- Random sample based on Enumerated Area sampling
- One-hour tablet-based survey, carried out by trained interviewers from similar demographics in the respondent's home language



The qualitative results pointed to various barriers and challenges.

- Many men's responses to HIV and HIV services are characterized by **anticipated loss** with no corresponding gain.
- Testing positive can feel like life is over, causing **loss of identity, status and pleasure**.
- They are often perceived as **indifferent** when many are actually **deeply fearful**.
- Many live with **stress and insecurity**; HTS and ART feel like additional burdens—not a relief.
- Many are adult orphans, and **unresolved grief and trauma** can trigger reflexive distancing from HIV services.
- **Disclosure** ranks high on their list of fears, particularly when it is **outside their control**.
- The **clinic environment** is not welcoming or familiar.
- Provider empathy is often **conditional**, and counselling is often **scripted and didactic**.

The quantitative data facilitated identification of segments based on psychographic attributes.



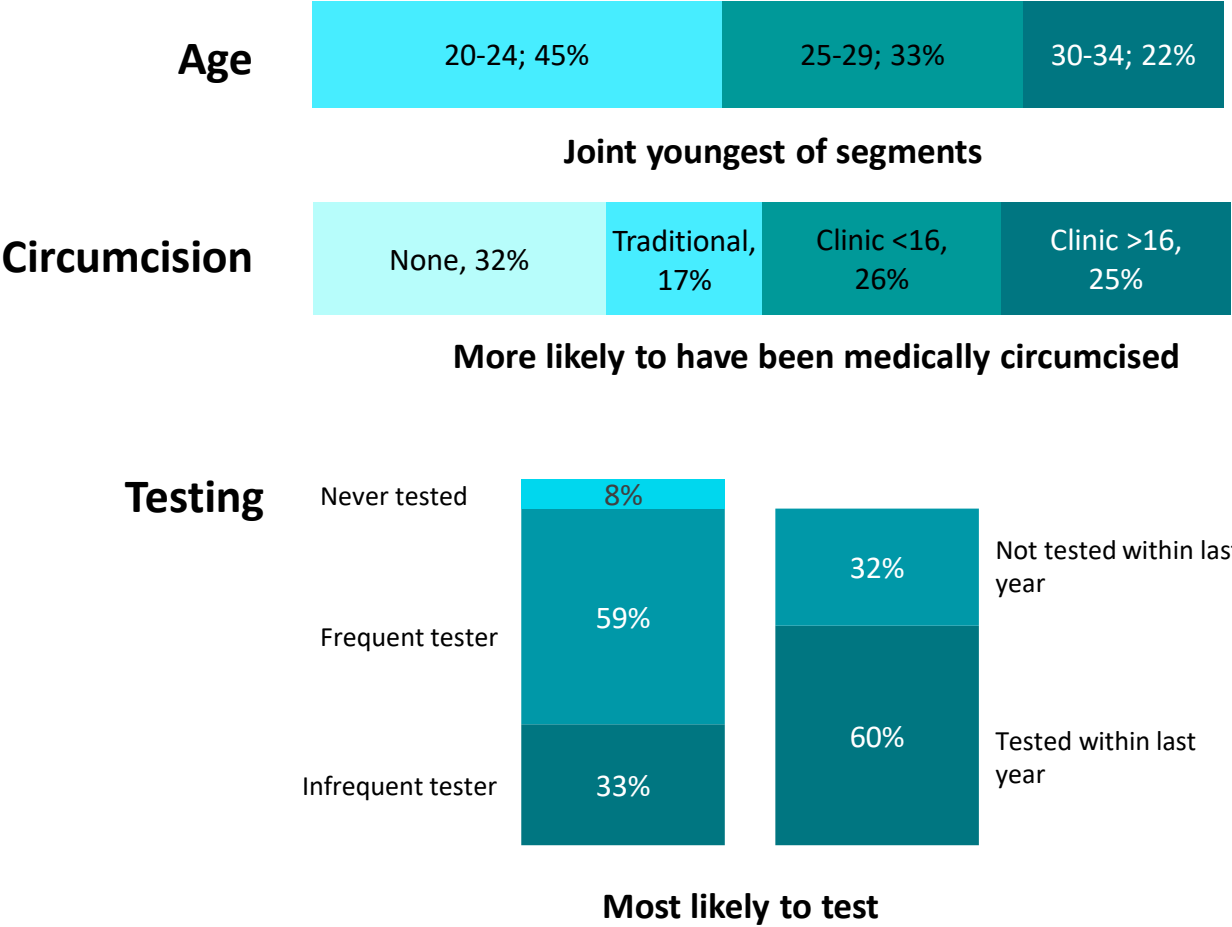
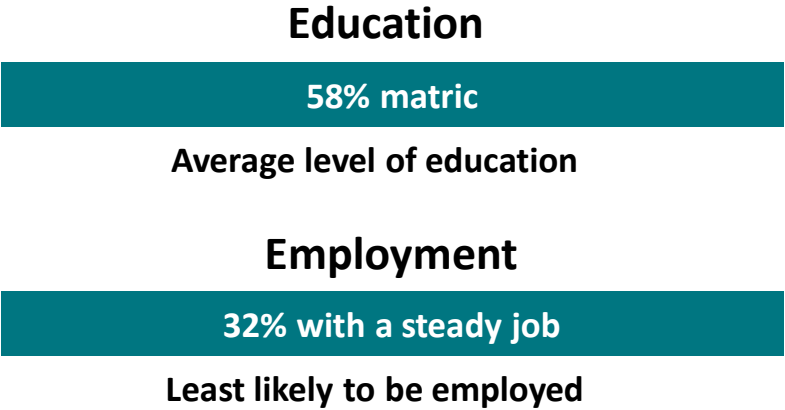
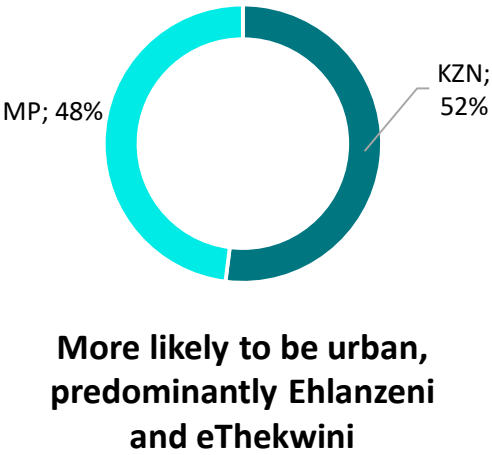
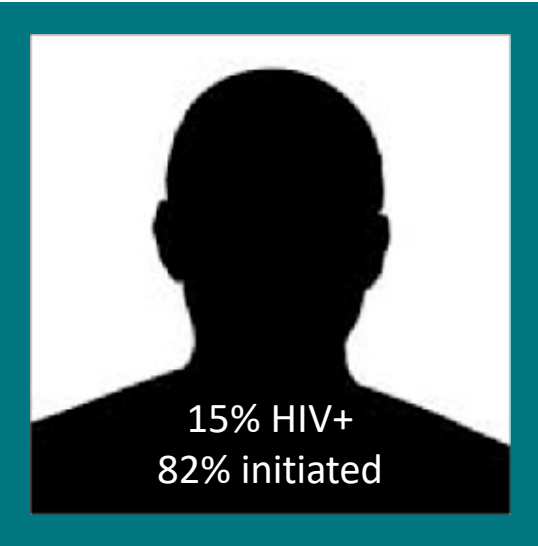




### Mr Teal (23% of respondents)

- Hopeful and optimistic about the future
- Engaged in his community, strong sense of belonging, prides himself in being upstanding and reliable
- Leads a relatively reserved lifestyle—less drinking, fewer casual partners, more condom use
- Confident and comfortable in a group setting, and tends to see himself as a role model
- Modern in his views of gender roles
- Comfortable speaking to others about sexual health and not averse to health-seeking
- Reasonably knowledgeable about HIV
- Concerns about HIV testing and linkage are primarily social—sensitive to how those around him would react and fears an HIV diagnosis would diminish his standing and reputation.

# Mr Teal by the numbers





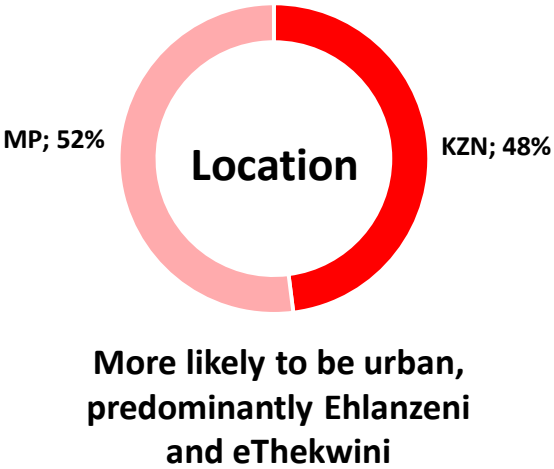
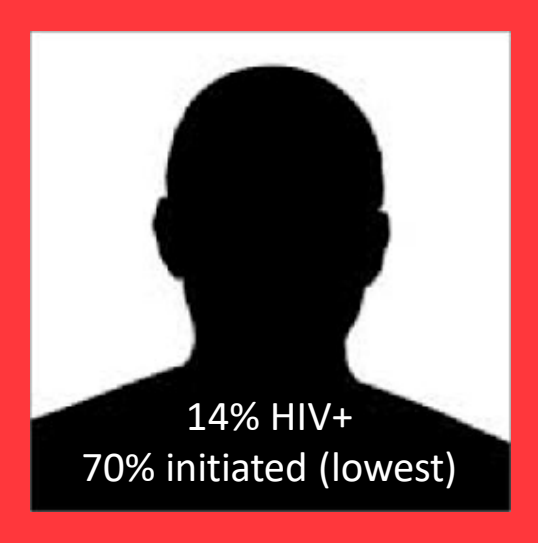


### Mr. Rose (25% of respondents)

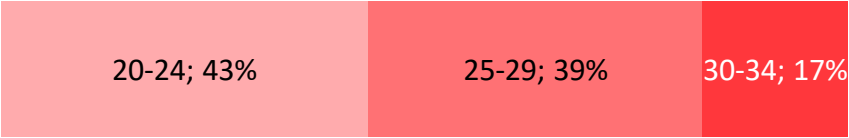
- Hopeful and optimistic about the future
- Fun-loving and carefree, 'living the good life'
- Enjoys socializing and drinking with friends
- Likely to be living/working in a bigger city, away from his wife or main partner
- Sense of connection and belonging in his community
- Modern in his views of gender roles
- Most casual hook-ups of all segments
- High level of knowledge about HIV, but in denial about his level of risk
- Comfortable speaking to others about sexual health and not averse to health-seeking
- Fearful of the 'cliff-edge' of HIV, believes an HIV diagnosis would mean 'the party's over'
- On testing positive, less likely to start ART



# Mr Rose by the numbers

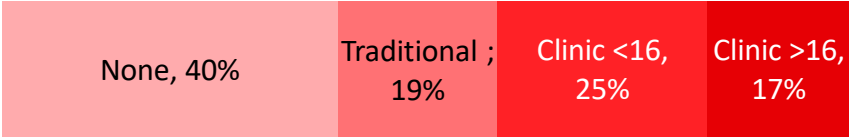


## Age



Joint youngest of all segments

## Circumcision



Average rates of medical circumcision

## Education



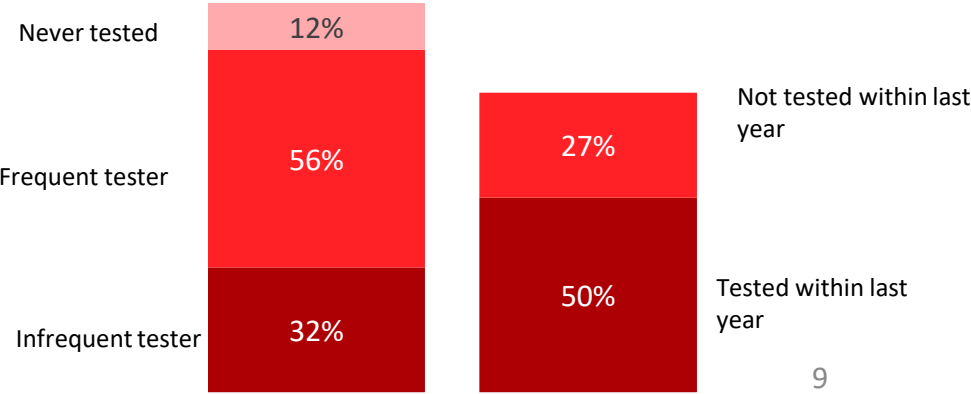
Above average level of education

## Employment



Above average likelihood of being employed

## Testing



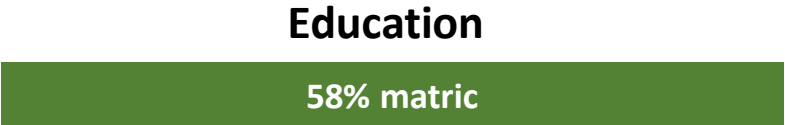
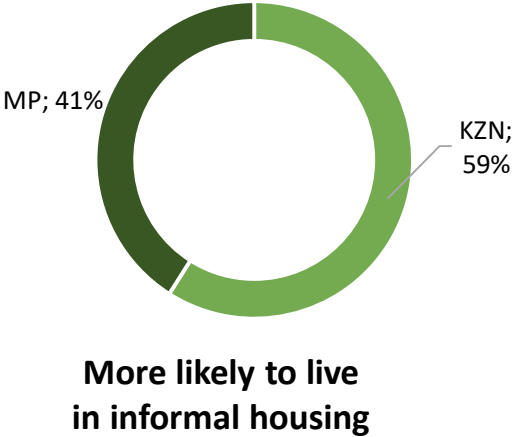
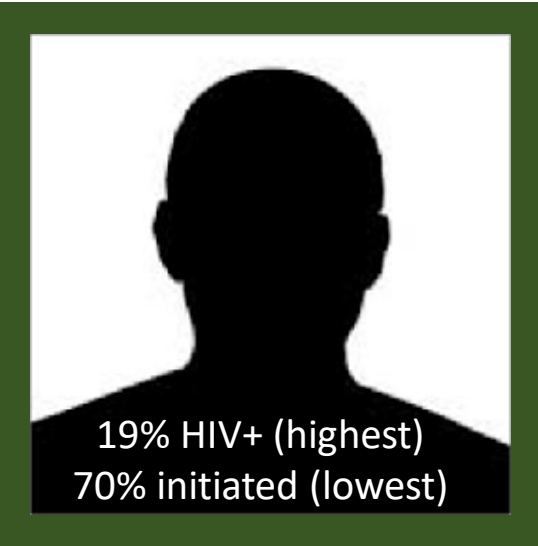
Second highest testing frequency compared to other segments

### Mr Green (15% of respondents)

- Pessimistic about the future
- Feels disconnected from his community
- More indications of clinical depression
- Excessive use of alcohol as an escape, linked to impulsive sexual risk behaviors
- Traditional view of gender and higher propensity for intimate partner violence
- More likely to consult a traditional healer
- Few close friends, but likes social spaces
- Few people he trusts and feels comfortable talking to about sexual health
- Very low level of knowledge about HIV and deliberate avoidance of it
- More negative views of the health system and healthcare providers
- On testing positive, less likely to start ART



# Mr Green by the numbers

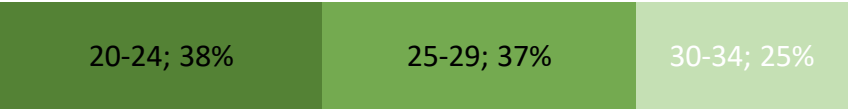


Average level of education



Second least likely to be employed

**Age**



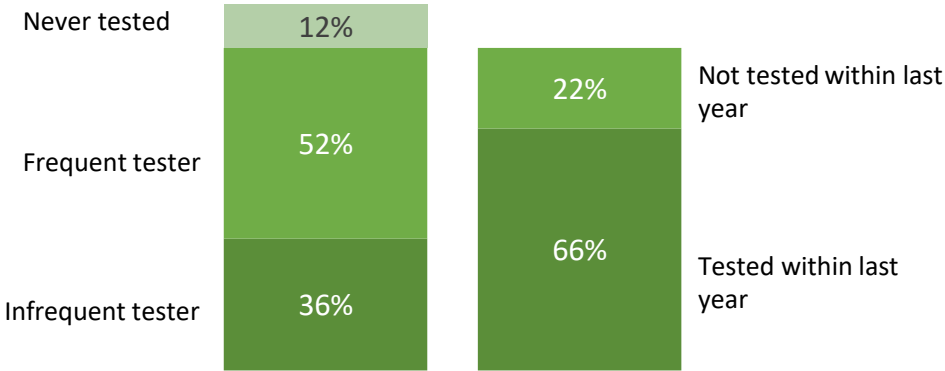
Average age amongst segments

**Circumcision**



Least likely to be medically circumcised

**Testing**



Lower than average testing rates and frequency

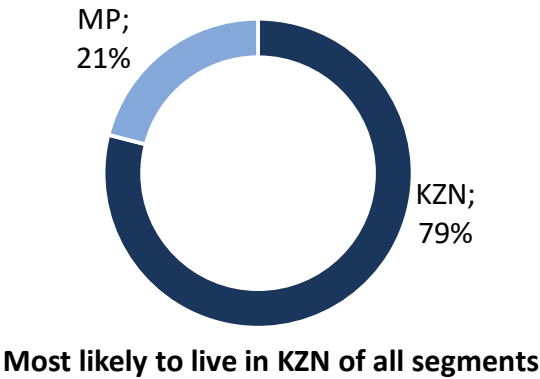
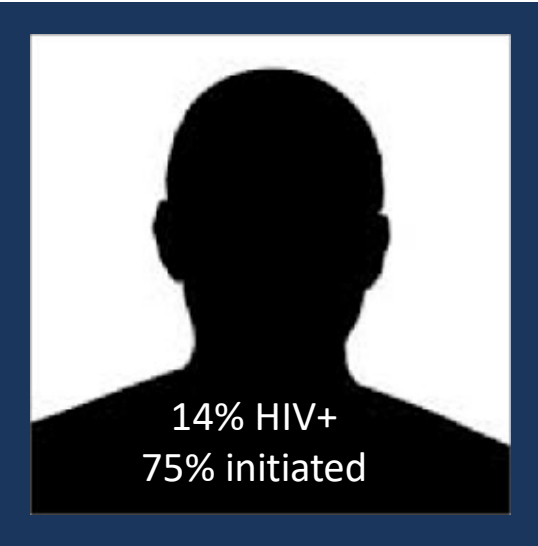




### Mr Blue (22% of respondents)

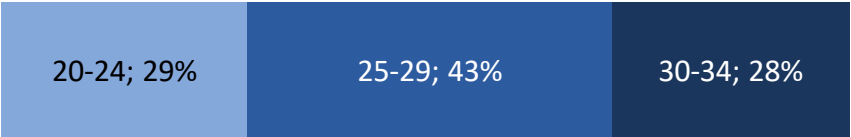
- Older, more educated and more materially stable
- Bleak and pessimistic outlook, with few ambitions or motivations
- Little sense of connection or belonging in his community
- Excessive alcohol use contributing to impulsive sexual risk behaviors
- Traditional views of gender
- Reasonable level of knowledge about HIV but does not translate into decisions and behaviors
- Few people he feels comfortable to talk to about sexual health and less likely to engage with the health system
- Views HIV as yet another burden to carry
- On testing positive, less likely to initiate ART

# Mr Blue by the numbers

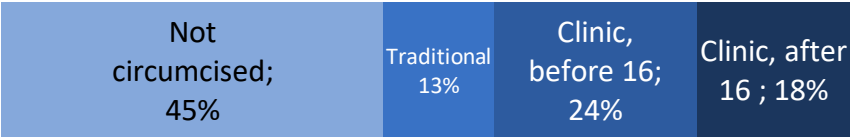


**Age**

**Circumcision**

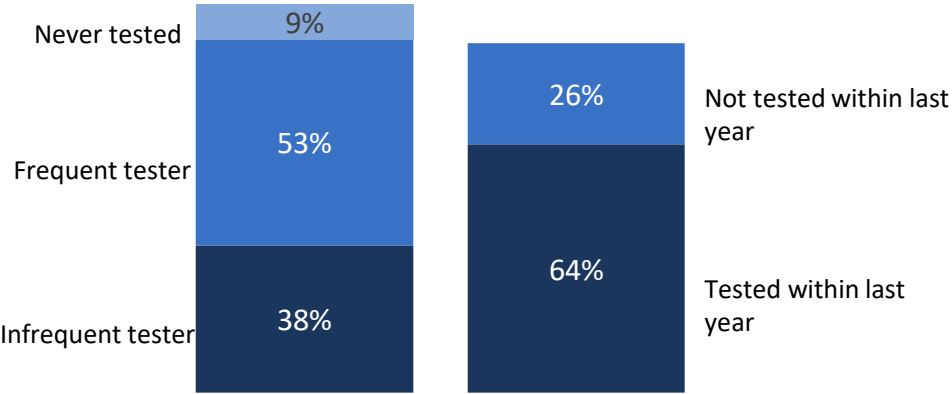


Comparatively older



Comparatively less likely to be circumcised

**Testing**



Medium testing frequency among segments

**Education**



Most educated segment

**Employment**



Most likely of all segments to be employed

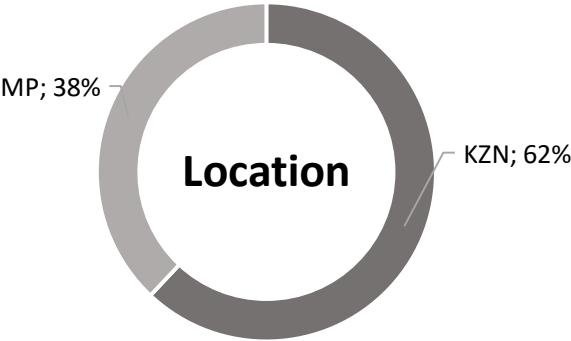
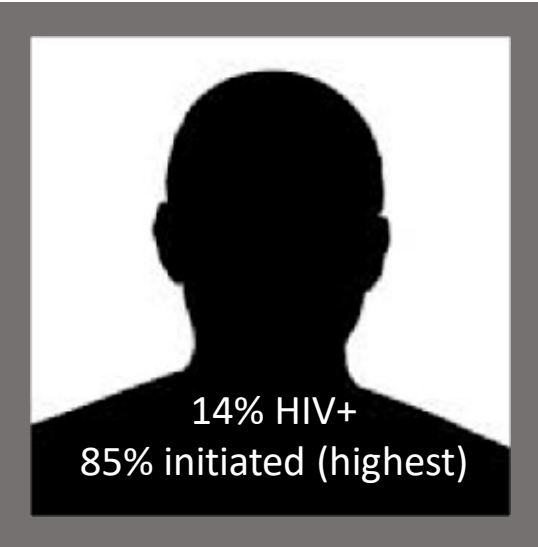


### Mr Grey (16% of respondents)

- More likely to live in more traditional, rural areas
- Deeply rooted in his community, with a sense of purpose and responsibility
- Traditional concept of gender and traditional values and outlook overall
- Few people he trusts and feels comfortable talking to about sexual health
- Low level of knowledge about HIV but more likely to report consistent condom use
- In denial about the relevance of HIV in his life or his community, and unlikely to seek out testing
- But more likely to initiate ART on testing positive



# Mr Grey by the numbers



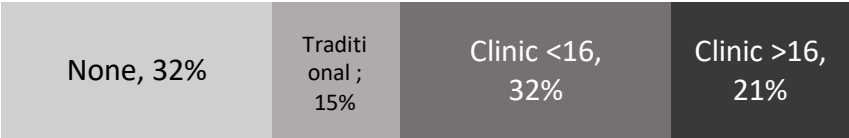
Most likely to live in a traditional rural home  
Second most likely to live in KZN

## Age



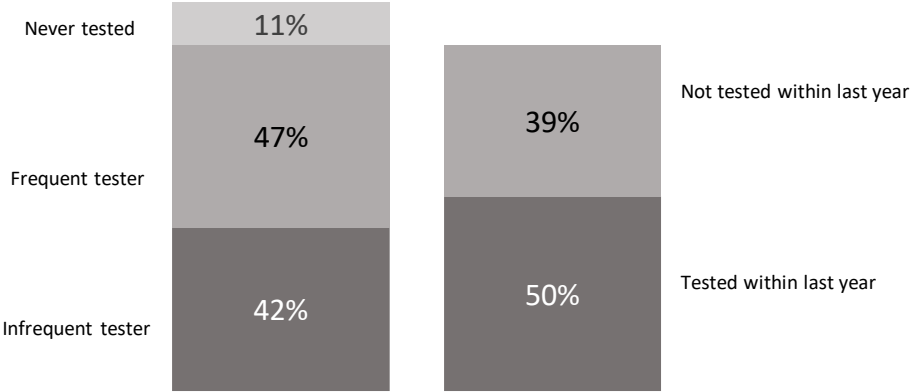
Average age amongst segments

## Circumcision



More likely to be medically circumcised before 16

## Testing



Low testing frequency among segments

## Education



Lowest level of education

## Employment



Second least likely to be employed

Segments at a glance					
	Teal	Rose	Green	Blue	Grey
HIV prevalence	15%	14%	19%	14%	14%
ART initiation	82%	70%	70%	75%	85%
VMMC	51%	42%	33%	42%	53%
HIV knowledge	High	Highest	Lowest	Middle	Low
Social support	Highest	High	Middle	Lowest	Low
Gender equity	Highest	High	Lowest	Middle	Low
Optimism	Highest	High	Lowest	Low	Middle
Top values	Community	Friends, recreation, sex	Friends, recreation	None	Community, family

## Segments at a glance: Risks and barriers

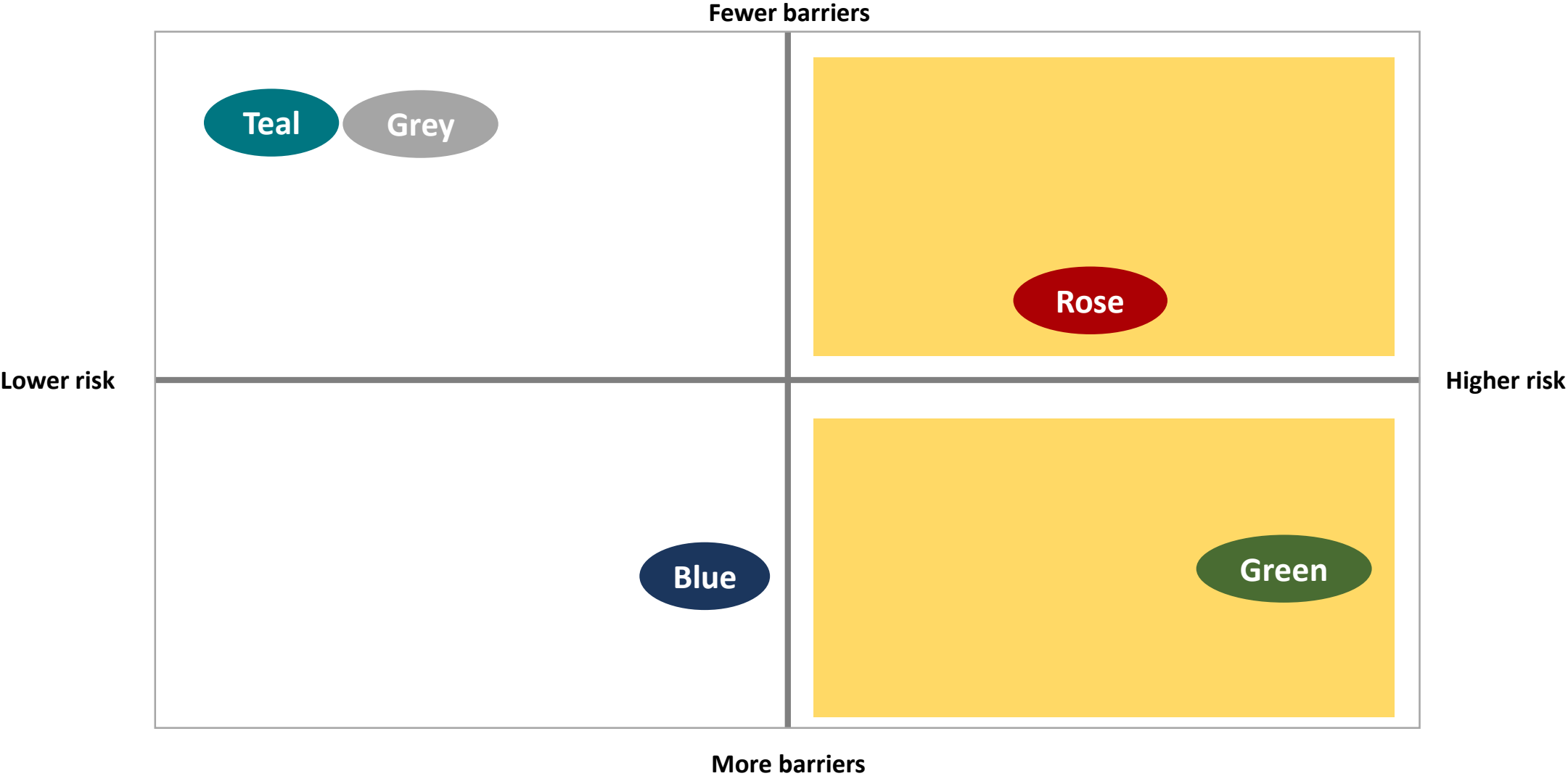
Teal	<ul style="list-style-type: none"><li>• Lowest level of risk (more likely to be circumcised, fewer casual partners)</li><li>• Fears that being HIV-positive would diminish his reputation and standing</li></ul>
Rose	<ul style="list-style-type: none"><li>• High level of acquisition/transmission risk (more casual partners)</li><li>• In denial about his level of risk</li><li>• Fears that being HIV-positive would require undesirable lifestyle changes</li></ul>
Green	<ul style="list-style-type: none"><li>• High level of acquisition/transmission risk (low VMMC, high alcohol use, more casual partners)</li><li>• Low knowledge of HIV, perhaps as a deliberate avoidance tactic</li><li>• Few people he trusts or feels comfortable talking to about sexual health</li><li>• Negative view of health system and healthcare workers</li><li>• Fears that being HIV-positive would drag him even further down in life</li></ul>
Blue	<ul style="list-style-type: none"><li>• Few meaningful connections or sources of motivation</li><li>• Few people he trusts to talk about sexual health</li><li>• Negative view of health system and healthcare workers</li><li>• Fears that being HIV-positive would be yet another burden to carry</li></ul>
Grey	<ul style="list-style-type: none"><li>• Lower level of risk (higher VMMC and condom use, fewer casual partners)</li><li>• Few people he trusts or feels comfortable talking to about sexual health</li><li>• Fears that being HIV-positive would diminish his standing in the community</li></ul>



## Segments at a glance: What might improve linkage?

Teal	<ul style="list-style-type: none"> <li>• Counseling that helps him cope with fear of losing his identity as an upstanding member of the community</li> <li>• Support in disclosing to his family and community</li> <li>• Messages that reduce stigma around PLHIV as irresponsible, promiscuous, 'a problem'</li> </ul>
Rose	<ul style="list-style-type: none"> <li>• Counseling that focuses on continuing to live a fun and carefree life, rather than what he must give up</li> <li>• Support in disclosing to his partner and friends</li> <li>• Messages that focus on U=U/Treatment as Prevention, which he is likely to find motivating</li> </ul>
Green	<ul style="list-style-type: none"> <li>• Empathetic counseling that helps him to surface and cope with his particular barriers (including depression)</li> <li>• Community/peer outreach that takes services and support to him—he is unlikely to go to the clinic</li> <li>• Services that make it easy to be on treatment—make it a relief rather than a burden</li> <li>• Adherence clubs and other social/group approaches—he likes 'safety in numbers' and tends to go with the flow</li> <li>• Information on the benefits of starting treatment—he has very low overall knowledge of HIV</li> </ul>
Blue	<ul style="list-style-type: none"> <li>• Challenging segment as he reports few strong motivations in life</li> <li>• Empathetic counseling that helps him to surface and cope with his particular barriers</li> <li>• Community/peer outreach that takes services and support to him—he is also unlikely to go to the clinic</li> <li>• Messages that focus on U=U/Treatment as Prevention, which he may find somewhat relevant</li> </ul>
Grey	<ul style="list-style-type: none"> <li>• Challenge for this segment appears to be more testing than linkage</li> <li>• Counseling that helps him cope with his fear of losing his identity as a traditional family man and community man</li> <li>• Support in disclosing to his partner, family and community</li> <li>• Messages that focus on U=U/Treatment as Prevention, which he is likely to find motivating</li> </ul>

# Priority segments for treatment



## Next steps

- Design workshops
- Prototyping
- Piloting & evaluation

# Acknowledgements

**We gratefully acknowledge the guidance and support that we have received from more stakeholders than we have space to mention. Particular thanks to:**

- National Department of Health
- Provincial Department of Health in KZN and MPU
- Premier's Office/Provincial AIDS Council in KZN and MPU
- District teams in Ehlanzeni, eThekweni, Gert Sibande, King Cetshwayo, Nkangala, Ugu, uMgungundlovu and Zululand
- South African National AIDS Council (SANAC)
- Foundation for Professional Development (research co-sponsor)
- Implementing partners including Anova, BroadReach, CCI, CHAI, FHI 360, Health Systems Trust, MatCH, NACOSA, Right to Care, SFH and Sonke.
- Research organisations including AHRI, FHI 360, CAPRISA, Epicentre, Genesis Analytics, HSRC, MRC, and Pop Council.
- Development partners including CDC, Global Fund, PEPFAR and USAID
- The Bill & Melinda Gates Foundation (funder of this work)





**Thank you!**

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